

**REPORT**  
**OF THE**  
**INTERIM COMMITTEE**  
**ON**  
**NURSING HOME**  
**CARE GIVING**

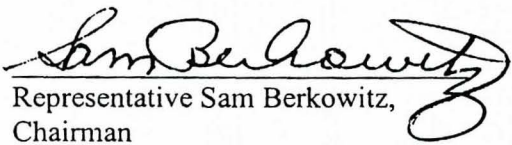
November 30, 2001

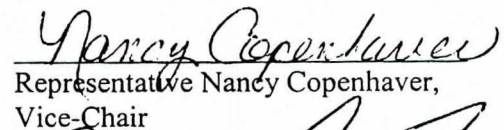
November 30, 2001

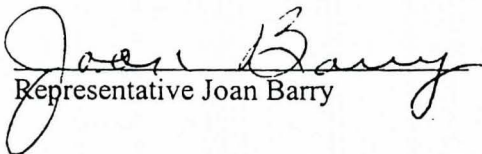
The Honorable Jim Kreider, Speaker  
Missouri House of Representatives  
Room 308  
State Capitol  
Jefferson City, Missouri 65101

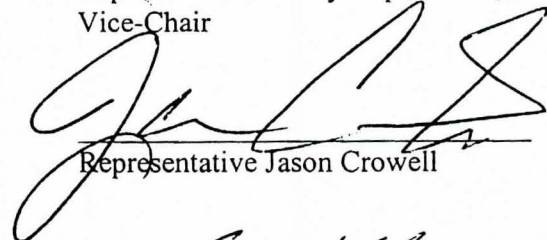
Dear Mr. Speaker:

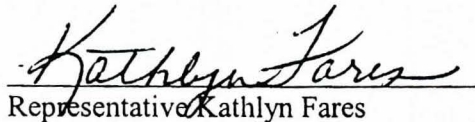
Your Interim Committee on Nursing Home Care Giving which was assigned the task of investigating nursing home operations in Missouri has met, taken testimony, deliberated, and concluded its study. The undersigned members of the Committee are pleased to submit the attached report.

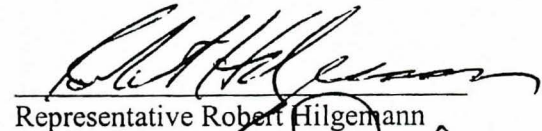
  
Representative Sam Berkowitz,  
Chairman

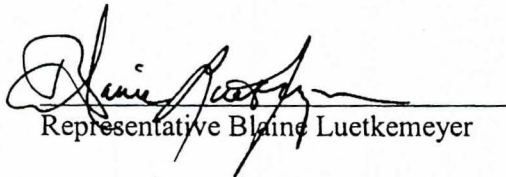
  
Representative Nancy Copenhaver,  
Vice-Chair

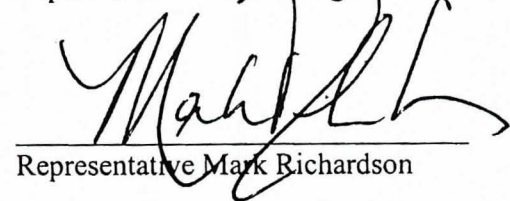
  
Representative Joan Barry

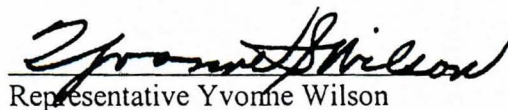
  
Representative Jason Crowell

  
Representative Kathlyn Fares

  
Representative Robert Hilgemann

  
Representative Blaine Luetkemeyer

  
Representative Mark Richardson

  
Representative Yvonne Wilson

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## ***I. Overview***

### ***Charge of the Committee:***

The House Interim Committee on Nursing Home Care Giving is charged by the Speaker of the House with investigating nursing home operation, both rurally and statewide, including, quality of care, staff turnovers, and occupancy rates. The Committee shall also investigate the for long term care for the baby boomer generation. The Committee is further charged with reviewing Medicaid reimbursement rates compared to the actual operation costs.

### ***Committee Members:***

The Speaker of the House appointed the following members:

Representative Sam Berkowitz, Chairman  
Representative Nancy Copenhaver, Vice Chairman  
Representative Joan Barry  
Representative Jason Crowell  
Representative Kathlyn Fares  
Representative Robert Hilgemann  
Representative Blaine Luetkemeyer  
Representative Mark Richardson  
Representative Yvonne Wilson

***Staff:*** Shelly St. Clair - Legislative Assistant  
Bob Dominique - House Research Staff

***Hearings:***

The Committee held a number of public hearings and solicited testimony regarding a wide range of issues pertaining to nursing homes and long term care. Hearings were held in the following locations:

|                   |                          |
|-------------------|--------------------------|
| October 16, 2001  | Memphis, Missouri        |
| October 23, 2001  | St. Louis, Missouri      |
| October 30, 2001  | Republic, Missouri       |
| November 8, 2001  | Jefferson City, Missouri |
| November 9, 2001  | Jefferson City, Missouri |
| November 26, 2001 | Jefferson City, Missouri |

## **II. PRIORITIZATION OF ISSUES**

A survey was conducted where Committee members were asked to prioritize issues affecting the long term care industry. Eight out of nine members participated. The Committee as a whole felt that the survey did an excellent job of capturing all the issues that need to be addressed. As seen by the results listed below, the Committee believes that all the issues are of the highest priority.

The following are the results of the survey:

|                                | <b>1 Being the Most Important</b> | <b>Average</b> |
|--------------------------------|-----------------------------------|----------------|
| Lack of Funding                | 1 2 3 4 5 no opinion              | <b>1.14</b>    |
| Rebased Reimbursements         | 1 2 3 4 5 no opinion              | <b>1.25</b>    |
| IGT - Rebase                   | 1 2 3 4 5 no opinion              | <b>1.37</b>    |
| Inconsistent Surveys           | 1 2 3 4 5 no opinion              | <b>1.42</b>    |
| Staff Retention                | 1 2 3 4 5 no opinion              | <b>1.62</b>    |
| Certificate of Need            | 1 2 3 4 5 no opinion              | <b>1.71</b>    |
| CNA Training                   | 1 2 3 4 5 no opinion              | <b>1.75</b>    |
| Loss of Training Certification | 1 2 3 4 5 no opinion              | <b>1.87</b>    |
| Level I Citation               |                                   |                |
| Overhaul Standards             | 1 2 3 4 5 no opinion              | <b>2.0</b>     |
| (Training & Survey)            |                                   |                |



|                              |                      |             |
|------------------------------|----------------------|-------------|
| Outcome Based Planning       | 1 2 3 4 5 no opinion | <b>2.12</b> |
| Informal Dispute Resolutions | 1 2 3 4 5 no opinion | <b>2.14</b> |
| Time Off For Good Behavior   | 1 2 3 4 5 no opinion | <b>2.14</b> |
| (Inspections)                |                      |             |
| Update 30 yr. Model          | 1 2 3 4 5 no opinion | <b>2.25</b> |
| Update 30 yr. Model          | 1 2 3 4 5 no opinion | <b>2.25</b> |
| Mirror Federal Standards     | 1 2 3 4 5 no opinion | <b>2.28</b> |
| Regional Needs               | 1 2 3 4 5 no opinion | <b>2.37</b> |
| In Home Care                 | 1 2 3 4 5 no opinion | <b>2.37</b> |
| Employee Benefits            | 1 2 3 4 5 no opinion | <b>2.37</b> |
| Aging in Place               | 1 2 3 4 5 no opinion | <b>2.50</b> |
| Litigation (torts)           | 1 2 3 4 5 no opinion | <b>2.87</b> |
| Bed Tax                      | 1 2 3 4 5 no opinion | <b>2.87</b> |
| Non-Emergency Transfers      | 1 2 3 4 5 no opinion | <b>3.0</b>  |

### **III. Committee Findings and Recommendations**

Recognizing that the increased costs in long term care and the lack of staffing for Missouri's nursing homes create new policy and fiscal demands for the state, the Committee held hearings throughout the state where it received testimony from providers, consumers, advocates, health care professionals, family members, and state agency officials. The Committee has developed 13 recommendations to address the needs of Missouri nursing homes, clients, and staff. Following is a discussion of each recommendation.

**Recommendation 1: Inconsistent Surveys**

The Committee heard testimony regarding the inconsistency of survey's statewide. What deficiencies one facility could be cited for in one part of the state may not apply for another facility located elsewhere, or where a facility would receive varying levels of sanctions for the same deficiencies. The Committee encourages the Director of the Department of Health and Senior Services begin immediately to provide appropriate training and oversight to assure consistent and fair application of the regulations governing inspections of nursing facilities by the Department of Health and Senior Services. The Committee recommends that the Director of Health and Senior Services be required to submit a corrective plan of action, along with any proposed rule changes and legislative recommendations to resolve this problem, to the General Assembly no later than May 1, 2002.

**Recommendation 2: Inspections**

Testimony received clearly from all aspects of the industry reflects that survey inconsistency is of the utmost importance. The Committee recommends that facilities with no Level I citations or little or no deficiencies be surveyed once a year, unless circumstances arise where an emergency survey is needed or other actions that the Department of Senior Services deems necessary. This outcome based surveying system is much needed to free inspection staffs to concentrate on facilities with considerable deficiencies. The Committee recommends the Director of the Department of Health and Senior Services submit to the General Assembly, no later than May 1,



2002, a plan which would implement “Recognition for Quality Care” idea discussed in committee.

### **Recommendation 3: Informal Dispute Resolutions**

Testimony from care givers regarding the Informal Dispute Resolutions stated the process is unfair and needs revision. The Director of the Department of Health and Senior Services begin immediately to implement administrative rule changes within the Informal Dispute Resolution process to make it objective, fair, reasonable, and consistent.

### **Recommendation 4: Medicaid Funding**

A major concern of care givers is medicaid reimbursement. The amount currently paid to facilities for care is outdated (based on 1992 figures for actual cost of care) and is not enough to cover their daily expense, thus requiring those facilities to make cost-cutting measures which are detrimental to the care of clients. Increases in medicaid funding must be a priority for the state in order to ensure quality of care and services. Burdens have be created by a reallocation in state funding, an increase in regulations, high ratios of staff turnover, and the inability to pay a competitive wage to long term care employees. The Committee recommends the use of the Intergovernmental Transfer Funds (IGT) for the rebasing process necessary for medicaid reimbursement. The Committee further recommends the appointment of a task force for the purpose of examining the medicaid reimbursement methodology. This task force should

include in its studies, but not be limited to:

- (a) Reimbursement based, in part, by the wellness of the patient:
- (b) The payment plan outlined in January 1, 1995, which has four components; “patient care, ancillary services, administrative, and capital costs”, if fully implemented would require a rebase of facility costs:
- (c) Rebasing on a yearly basis so as costs between facilities vary, and certain costs increase, nursing facilities will be reimbursed for their allowable costs of providing care to medicaid patients:
- (d) Statutorily creating exemptive criteria in reimbursement methodology that allows for rate review when facilities change hands. This criteria would include but not be limited to capital investment resulting in significant improvement substantiated through surveys and other methods. This would require the Division of Senior Services to establish criteria to study rate review on a case by case basis.

Legislation is being proposed to address the issue of rate review for the upcoming legislative session.

#### **Recommendation 5: Certified Nurse Assistant (CNA)**

Keeping good help is one of the biggest problems facing nursing homes today. CNA turnover is a significant factor in determining quality of care. Regulations primarily focus on entry-level training and fail to address career development. The Committee recommends the

Department of Health and Senior Services develop and adopt a career path plan for CNA's similar to career ladders adopted by many school districts. One such plan was submitted in testimony by the Office of the Long-Term Care Ombudsman, this plan includes incentives, classes, and varying levels. It's purpose is to :

- \*Enable the CNA the opportunity to better understand resident behavior;
- \*To provide residents and CNA's the opportunity to form meaningful relationships with one another;
- \*To be able to recognize and identify changes in residential conditions;
- \*To make improvements which would lead to consistency of care;
- \*Empowering CNA's, via increased involvement in care management and staff operations.

The Committee urges the Director of the Department of Health and Senior Services to immediately begin developing a plan to implement a career development program for CNA's with recommended appropriations necessary to implement this plan and submit the plan to the General Assembly no later than May 1, 2002.

#### **Recommendation 6: Promoting the Nursing Profession**

Because nursing care is an increasingly crucial part of Missouri's health care system, we additionally recommend the Department of Health and Senior Services:

- \*Promote the nursing professions through grants to professional associations and schools

of nursing;

\*Establish a fast track scholarship and loan repayment program;

\* Establish an internship program for training in long term specialty care areas.

#### **Recommendation 7: CNA Training Certification**

Loss of CNA training certification is a problem affecting long term care facilities statewide. Because of deficiency citations, less than half of the long term care facilities within the state are accredited in CNA training. The Committee feels that the inability of facilities to provide on sight training puts seniors at risk by reducing the quality of care. The Committee would like the Department of Health and Senior Services to study the ramifications of not having CNA training within facilities which already have a shortfall and submits it's results to the General Assembly no later than May 1, 2002.

#### **Recommendation 8: Certificate of Need**

Certificate of Need and the moratorium are subjects which require more study than time allowed during testimony and should be studied independently. Due to the urgency of this matter, the Committee recommends that the Speaker of the House extend the time in studying this issue, and perhaps appoint a subcommittee, as he deems appropriate, to investigate this issue during the upcoming legislative session, since the moratorium will sunset without legislative action December 31, 2002.



**Recommendation 9: The 30 Year Model**

The 30 year old administrative and regulatory model used by the Department of Health and Senior Services needs to be updated. With today's technology's the ability to reduce paperwork and eliminate redundant systems, the profession could be made more attractive and provide a better quality of life for clients. The end result could provide more one on one care and assessment time. The Committee would request the Director of the Department of Health and Senior Services to develop and submit a new model to the General Assembly no later the May 1, 2002.

**Recommendation 10: Non-Emergency Transfers**

Currently, Medicaid does not reimburse facilities for non-emergency transfer of clients from facility to facility. Non-emergency transfers occur due to a client's need for specialized medical treatment, either at a physician's office or a hospital. Due to immobility, the many of these clients have to be transferred by ambulance. Many facilities have no way to transfer bed-ridden clients, thereby causing delays in medical treatment. The Committee feels that the health, safety and welfare of client's are at risk when they are not transferred in a timely manner. It is crucial that non-emergency transfers reimbursements be reexamined. The Committee recommends that the Department of Health and Senior Services submit to the General Assembly, no later than May 1, 2002, a plan to address non-emergency transfers.

**Recommendation 11: Baby Boomers**

Many baby boomers will be reaching retirement age in the very near future. At the current time, the number of beds available for persons over the age of 65 in this state is about 25% above the national average. With people living longer and long term care facilities generally providing services for persons over the age of 85, the baby boom generation will not have a major impact on the long term care industry for another 30 years, but the Committee feels by implementing long term strategies to deal with the influx of baby boomers that will be occurring in the future would be prudent.

**Recommendation 12: Olmstead Act**

The plan for the State of Missouri, Home and Community Based Services and Consumer Directed Care Commission, under the "Olmstead Act" is a working document that provides home and community based services for individuals who would otherwise be entitled to institutional services. The Committee feels that certain legislation could be introduced in the upcoming legislative session to implement parts of this plan.

**Recommendation 13: Bed Tax**

The Committee understands that the bed tax is currently the only devised method the State of Missouri has at maximizing its federal draw down on Medicaid reimbursement. The Committee recommends that the Department of Health and Senior Services evaluate whether or



not there are better alternatives which Missouri can engage in to provide the necessary state resources to maximize the state's medicaid draw down, absent a bed tax mechanism. The Committee recommends that the Department of Health and Senior Services submit to the General Assembly, no later than May 1, 2002, a plan to address the bed tax.